

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**5031**  
Do not use this space.

REG. MAR 14 1938

(a) County St. Louis Registration District No. 791  
 (b) Town St. Louis Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 320  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1676

2. PRINT FULL NAME Charles Mathes  
Chase Hotel  
 (a) Residence, No. 12 St. 12  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Mathes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6-1869  
 7. AGE YEARS 68 MONTHS 6 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Iron and Metal  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N.Y.

13. NAME Joseph mathes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Gertrude Baum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INDEPENDENT (ADDRESS) Rose Mathes Chase Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sinai DATE 2-17-38

19. FUNERAL DIRECTOR (ADDRESS) A. Rindskopf 5216 Delmar

20. FILED FEB 16 1938 J. B. Brubaker

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to Feb 15 1938  
 I last saw him alive on Feb 13 1938. Death is said to have occurred on the date stated above, at 1:40 p.m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis acuta  
1934  
1/15/38

Other contributory causes of importance: metral Regurgitation  
decompensated

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ (Signed) A. M. Frank, M. D.  
 (Address) 3651 Franklin Sq.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No. 2207

working under my personal supervision.

Signed

*A. Rindorff*

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**